

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO. **09 886475** FILING DATE  
ATTORNEY

**8/3/16 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1								
2						1							
3						1							
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TOTAL IND.		↓		↓	2	↓			↓		↓		↓
TOTAL DEP.		←		←	142	←			←		←		←
TOTAL CLAIMS					144								
51													
52													
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TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		←		←		←			←		←		←
TOTAL CLAIMS													